

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	WAM	12/ 869	11/21 02-05-01
RESPONSE FORMALITY REVIEW	MM	780	5-1-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
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If more than 150 claims or 10 actions  
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